## **Command Force XXI**

## **Enrollment Application**

The information provided on this application will be used to determine a soldier's eligibility for enrollment in the OCS Program. Please print this document, complete all blocks, and forward it to: WMA, 90 S. 10th Ave., Fort McCoy, WI 54656. All applications must be received on or before 10 February of each year.

**Personal Information:** 

Name:	Rank:	SSN:	
Unit:	City:	State:	
Major Command:			
HOR:			
Date of Birth:	GT: ETS:		
Physical Information:			
Last APFT date:	Score:		
Last Chapter 2 Physical date: (If more than two years old, pla	ease complete before Con	mmand Force XXI.)	
Security Clearance Info	ormation:		
Is the soldier a U.S. citizen? Y	es / No		
Does the soldier have a Secre	et clearance or higher? <b>Ye</b> s	s / No	
If no, has a SF 86 been filed w (If no, please initiate before Co		No	
Education Information	ı:		
Has the soldier completed Bas	sic Training (BCT)? <b>Yes</b> / I	No	
Does the soldier have a bacca	alaureate degree (BA, BS)	? Yes / No	
Semester hours recorded on n	most recent college transc	ript:	
Is the soldier currently enrolled	d in college courses? Yes	/ No	
Semester hours in which the s	soldier is currently enrolled	l?	
Which tests has the soldier tak	ken? ACT SAT None Sco	re	
Submitted By:		Title:	
Phone:			